| Electronic Patent Application Fee Transmittal    |  |          |          |        |                         |  |  |
|--|--|----------|----------|--------|-------------------------|--|--|
| Application Number:                              | 10588037                                 |          |          |        |                         |  |  |
| Filing Date:                                     | 21-May-2007                              |          |          |        |                         |  |  |
| Title of Invention:                              | Linseed Extract for Xerostomia Treatment |          |          |        |                         |  |  |
| First Named Inventor/Applicant Name:             | Thomas Arnebrant                         |          |          |        |                         |  |  |
| Filer:   | Heather Kissling/Kathi Stancik           |          |          |        |                         |  |  |
| Attorney Docket Number:                          | 30986/42246                              |          |          |        |                         |  |  |
| Filed as Small Entity                            |  |          |          |        |                         |  |  |
| U.S. National Stage under 35 USC 371 Filing Fees |  |          |          |        |                         |  |  |
| Description                                      |  | Fee Code | Quantity | Amount | Sub-Total in<br>USD(\$) |  |  |
| Basic Filing:                                    |  |          |          |        |                         |  |  |
| Pages:   |  |          |          |        |                         |  |  |
| Claims:  |  |          |          |        |                         |  |  |
| Miscellaneous-Filing:                            |  |          |          |        |                         |  |  |
| Petition:  |  |          |          |        |                         |  |  |
| Patent-Appeals-and-Interference:                 |  |          |          |        |                         |  |  |
| Post-Allowance-and-Post-Issuance:                |  |          |          |        |                         |  |  |
| Extension-of-Time:                               |  |          |          |        |                         |  |  |
| Extension - 2 months with \$0 paid               |  | 2252     | 1        | 245    | 245                     |  |  |

| Description                       | Fee Code | Quantity | Amount | Sub-Total in<br>USD(\$) |
|-----------------------------------|----------|----------|--------|-------------------------|
| Miscellaneous:                    |          |          |        |                         |
| Request for continued examination | 2801     | 1        | 405    | 405                     |
|                                   | Tot      | 650      |        |                         |